

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF <b>Donald C. Mashien Jr.</b>	COURT CASE NUMBER <b>1:05-CV-180E</b>
DEFENDANT <b>U.S. Federal Bureau of Prisons</b>	TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE, OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE AT { UNITED STATES ATTORNEY  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**U.S. District Court, Western District of Penn., 17 South Park Row Erie, PA 16501**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	<b>1</b>
<b>Donald C. Mashien Jr. 10924-05</b>	Number of parties to be served in this case	<b>5</b>
<b>U.S.P. Lewisburg</b>	Check for service on U.S.A.	<b>✓</b>
<b>P.O. Box 1000</b>		
<b>Lewisburg PA 17837</b>		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney or Originator requesting service on behalf of: <b>Donald C. Mashien Jr.</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <b>2/13/06</b>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. Sign only for USM 285 if more than one USM 285 is submitted.	Total Process	Distric of Origin	Distric to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		

I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed, as shown in "Remarks", the process described in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only different than shown above)

<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Date <b>3/11/06</b>
Time <input type="checkbox"/> am <input type="checkbox"/> pm

Signature of U.S. Marshal or Deputy

Amount Paid  
Amount Paid to U.S. Marshal  
Amount of Refund

MARKS **54-06 cut 98428021 8915**

PRINT 500

2. Article Number



7160 3901 9842 8021 8915

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

**UNITED STATES ATTORNEY  
U.S. DISTRICT COURT  
400TH PARK ROW  
PA. 16501**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

5/11/06

C. Signature

X *[Signature]*

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

4/C, 5/9/06, BMB

V 2003

Domestic Return Receipt